

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15325

State File No.

FILED MAY 15 1944

Registration District No. 244

Primary Registration District No. 4366

Registrar's No. 14

1. PLACE OF DEATH:

(a) County NEWTON
(b) City or town GRANDY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME JULIA ELIZABETH SANDERS

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married. 2 divorced WIDOWED

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased APRIL 20 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 6 hr. min.

9. Birthplace TEXAS
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name JOHN MARRS
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARY MILLION
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Burr

(b) Address Kansas City mo

17. (a) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation WANDA CEMETERY

18. (a) Signature of funeral director Wanda Thompson

(b) Address Wanda mo

19. (a) 644 (b) Julia Nowack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73
(c) City or town GRANDY 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 26
year 1944 hour 11:55 minute a M.

21. I hereby certify that I attended the deceased from 19 to 19

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left side of face Duration

Due to

Due to

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. R. Reynolds (M. D. or other)
Address Neosho mo Date signed 5-2-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

5-11-44

District Health Officer No.

District File Number 544-100

Date Filed 5-11-44

MAY 17 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

....., Registered Apprentice No.
working under my personal supervision.

Signed

Lacey Thompson

Licensed Embalmer No. 3259

P. O. Address

Neesho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.